

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Jonathan S. Stinson
Application No.:	09/972054
Filed:	October 9, 2001
For:	Medical Stent with a Valve and Related Methods of Manufacturing
Group Art Unit:	3738

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.: S63.2B-14715-US01

TRANSMITTAL LETTER

1. In regard to the above-identified application, in addition to this 1 page transmittal letter, we are submitting the attached:
1 page Assignee's Statement of Ownership; 1 page Revocation of Power of Attorney and Appointment of New Attorney.
2. With respect to fees, applicant believes the fees required herein, if any, are being paid electronically.
3. **CONDITIONAL PETITION FOR EXTENSION OF TIME**
This conditional petition is being filed along with the papers identified in Item 1 above and provides for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time or for a petition and fee for any other matter petitionable to the Commissioner as required. If any extension of time for the accompanying response is required or if a petition for any other matter is required, by petitioner, Applicant requests that this be considered a petition therefor.
4. **Notwithstanding paragraph 2 above, if any additional fees associated with this communication are required and have not otherwise been paid, including any fee associated with the Conditional Petition for Extension of Time, or any request in the accompanying papers for action which requires a fee as a petition to the Commissioner, please charge the additional fees to Deposit Account No. 22-0350. Please charge any additional fees associated with this communication to the Deposit Account No. 22-0350.**
5. **Certification:** I hereby certify that this Transmittal Letter and the paper(s) as described herein are being transmitted electronically to the USPTO on November 3, 2009.

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

Date: November 3, 2009

By: /James M. Urzedowski/
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